

LONG-TERM CARE INFLUENZA-LIKE ILLNESS OUTBREAK FOLLOW-UP REPORT

Influenza-like illness (ILI): a cough and fever ($\geq 100^{\circ}$ F) or chills. Influenza is confirmed when an individual has a positive culture or rapid-antigen test for influenza and respiratory symptoms.

ILI Outbreak: suspected when three (3) or more cases of ILI are detected on a single unit during a period of 48 to 72 hours. An ILI outbreak is confirmed when at least one resident has a positive culture or rapid-antigen test for influenza.

REPORTER INFORMATION					
FACILITY NAME:					
NAME OF REPORTER:			TITLE/DEGREE:		
ADDRESS:					
CITY:	STATE:	ZIP:	COUNTY:		
PHONE#:			FAX #:		
FACILITY INFORMATION					
1. Number of residents in the facility at time of outbreak:		2. Total number of staff persons at the facility at time of outbreak:			
3. Type of long-term care facility (check only one): <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living <input type="checkbox"/> Combined Care <input type="checkbox"/> Other					
4. Date outbreak began:		5. Date outbreak ended:			
6. Total number of residents with ILI:		7. Total number of residents with ILI who were vaccinated:			
8. Total number of residents vaccinated at the time of the outbreak:		9. Total number of staff vaccinated at the time of the outbreak:			
10. From the symptoms below please indicate the five (5) most common symptoms/characteristics associated with the outbreak: <input type="checkbox"/> Fever ____° F <input type="checkbox"/> Coryza (runny nose) <input type="checkbox"/> Earache <input type="checkbox"/> Vomiting <input type="checkbox"/> Rash <input type="checkbox"/> Cough <input type="checkbox"/> Myalgia (body aches) <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomach ache <input type="checkbox"/> Other _____ <input type="checkbox"/> Chills <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea					
7a. Have specimens been sent to a commercial laboratory for rapid diagnosis of influenza: <input type="checkbox"/> Yes <input type="checkbox"/> No					
7b. If yes, list the name of the laboratory performing the test:					
8a. Have specimens been sent to State Laboratory Division for culture isolation: <input type="checkbox"/> Yes <input type="checkbox"/> No					
8b. If yes, please list names, DOB, and date specimen collected, flu vaccination history: (use additional paper as necessary)					
Last Name, First		DOB: (mm/dd/yyyy)	Date collected: (mm/dd/yyyy)	Flu shot (y/n)	Vacc. Date(m/yyyy)
<i>Ex. Smith, John</i>		<i>4/18/1996</i>	<i>12/20/2003</i>	<i>Yes</i>	<i>10/2002</i>
1.					
2.					
3.					
4.					
5.					

CULTURES/RAPID-ANTIGEN TESTS

9. Type of rapid-antigen tests: ☐ Directigen A&B ☐ Quickvue
☐ FLUOIA ☐ Zstat ☐ Other: _____

10. Number of rapid-antigen tests:

11. Number of rapid-antigen tests positive for:

Influenza A: _____

Influenza B: _____

12. Number of cultures taken:

13. Number of cultures positive for:

Influenza A: _____

Influenza B: _____

PNEUMONIA

14a. Number of residents with physician diagnosed pneumonia that started within 2 weeks of ILI onset:

14b. Number of the above (13a) pneumonia cases confirmed by an x-ray:

14c. Number of the above (13b) pneumonia cases confirmed by an x-ray who were:

Vaccinated: _____

Unvaccinated: _____

HOSPITALIZATION

15. Number of residents hospitalized within 2 weeks of ILI onset (regardless of underlying illness) :

16. Number of residents hospitalized within 2 weeks of ILI onset (regardless of underlying illness) who were:

Vaccinated: _____

Unvaccinated: _____

MORTALITY

17. Number of residents who died within 2 weeks of ILI onset (regardless of underlying illness):

18. Number of residents who died within 2 weeks of ILI onset (regardless of underlying illness) who were:

Vaccinated: _____

Unvaccinated: _____

ANTIVIRALS - RESIDENTS

19. Were antivirals used for *treatment* during the outbreak? ☐ Yes ☐ No

20. Were antivirals used for *prophylaxis* during the outbreak? ☐ Yes ☐ No

21. Number of residents treated or prophylaxed with:

ANITVIRAL	TREATED	PROPHYLAXED
a. Amantadine		
b. Rimantadine		
c. Zanamivir		
d. Oseltamivir		
e. Other: _____		

22. Date antiviral use for resident influenza prophylaxis started:

23. Date antiviral use for resident influenza treatment started:

ANITVIRALS – STAFF

24. Number of staff with ILI during the outbreak:

25. Were antivirals used for *treatment* of staff during the outbreak? ☐ Yes ☐ No

26. Were antivirals used for *prophylaxis* of staff during the outbreak? ☐ Yes ☐ No

27. Number of staff treated or prophylaxed with:

ANITVIRAL	TREATED	PROPHYLAXED
a. Amantadine		
b. Rimantadine		
c. Zanamivir		
d. Oseltamivir		
e. Other: _____		

28. Date antiviral use for staff influenza prophylaxis started:

29. Date antiviral use for staff influenza treatment started:

30. Comments:

ISOLATION

31. Were residents with ILI isolated/quarantined from
other residents? ☐ Yes ☐ No

32. Date first resident(s) with ILI was
isolated/quarantined:

33. Number of residents with ILI who were
isolated/quarantined during the outbreak:

THANK YOU!!!

Please fax 72 hours following last documented ILI case of the
outbreak to **586-4595**

Hawai'i Department of Health
1132 Bishop St, Ste 1900
P.O. Box
Honolulu, HI 96813

Thank you for your assistance with influenza surveillance in Hawai'i.

Contact 1-808-586-4586 if you have any questions.